



WATER / WASTEWATER
APPLICATION CHECK LIST
FOR
ENDORSEMENT

The following items must be completed and submitted to the Board office by the applicant. Please check off each item as it is completed. This checklist will help you file a complete application.

If any item is missing, incomplete or incorrect, your entire application will be returned to you.

- | | |
|---|--------------------------|
| 1. Application for Certification by Endorsement | <input type="checkbox"/> |
| 2. Application Fee (\$100.00 per license) | <input type="checkbox"/> |
| 3. Proof of Education | <input type="checkbox"/> |
| 4. Affidavit (Completed by State Official from Endorsing State) | <input type="checkbox"/> |
| 5. Verification Form (Completed by Employer from Endorsing State) | <input type="checkbox"/> |
| 6. Job Description Listing Specific Operator Responsibilities | <input type="checkbox"/> |

FOR BOARD USE ONLY

Date of Review _____

Approved _____

Disapproved _____

FOR BOARD USE ONLY

Fee Paid _____

Date _____

Receipt # _____

Applicant # _____

**GEORGIA STATE BOARD OF EXAMINERS FOR CERTIFICATION OF
WATER AND WASTEWATER TREATMENT PLANT OPERATORS AND
LABORATORY ANALYSTS**

PO Box 13446
Macon, Georgia 31208

(478) 207-1460 Office
(478) 207-1468 Fax

APPLICATION FOR CERTIFICATION BY ENDORSEMENT

Endorsement Application Fee \$100.00 (Make check payable to GA Water /Wastewater Board)

Please ✓ Category and ClassWater Operator Class 1 ☐ 2 ☐ 3 ☐Water Operator Distribution ☐Water Laboratory Analyst ☐Wastewater Operator Class 1 ☐ 2 ☐ 3 ☐Wastewater Operator Industrial ☐Wastewater Laboratory Analysts ☐Wastewater Operator Collection ☐

**APPLICANT INFORMATION
TO BE COMPLETED BY THE APPLICANT**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (_____) _____ -- _____ SS: _____ --- _____ --- _____

PLACE OF EMPLOYMENT: _____

EXPERIENCE DATES: FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____

JOB DESCRIPTION: (attach additional sheets if needed) _____

EDUCATION: Applicant must have earned a minimum of a High School diploma or GED certification and must provide proof of education when he/she submits his/her application to the Board.

REFERENCE: List a reference that is familiar with your work to confirm employment history (preferably your current employer)

NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____ --- _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED

- Are you currently certified in another state and applying for Certification by Endorsement? **YES** ☐ **NO** ☐
If yes what state? _____
- Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere, or a plea under the "First Offender Act"? DUI are DWI are not minor traffic offenses. **YES** ☐ **NO** ☐
If YES, attach a certified copy of conviction, plea or sanction.
- Have you ever had a license or certificate revoked or suspended or otherwise sanctioned by any board or agency in Georgia or any other state? **YES** ☐ **NO** ☐ If yes, attach a copy of order.
- Were you ever denied issuance of, pursuant to disciplinary proceeding, refused renewal of any license or certificate by any board agency in Georgia or any other state? **YES** ☐ **NO** ☐ If yes, attach copy of order.

AFFIDAVIT OF APPLICANT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I consent to a thorough investigation of my employment record and any other activities that may be necessary to verify my qualifications for the certificate requested.

SIGNATURE OF APPLICANT _____

DATE _____

VERIFICATION FORM

TO BE COMPLETED BY EMPLOYER FROM ENDORSING STATE

I am applying for a certificate to the Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license/certificate or my practice. Please complete this form and return it to me so that I may include it with my application to the Georgia Board.

APPLICANT NAME: _____

EMPLOYED BY: _____

TELEPHONE NUMBER: (_____) _____-____

APPLICANT DATE OF BIRTH: ____/____/____ SS ____/____/____

Which Georgia Certificate/License (Class) is he/she applying for: _____

DESCRIPTION OF LICENSE/CERTIFICATE HELD IN OTHER STATE:

STATE: _____ LICENSE/CERTIFICATE # _____

TITLE OF LICENSE/CERTIFICATE _____

DATE ISSUED _____ EXPIRATION DATE _____

AFFIDAVIT OF EMPLOYER

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained on this form are true and correct to the best of my knowledge and belief.

SIGNATURE OF EMPLOYER

DATE ____/____/____

AFFIDAVIT

INSTRUCTIONS: *PLEASE RETURN THIS FORM AND A COPY OF YOUR STATE'S CURRENT LAWS AND RULES TO THE APPLICANT.*

TO BE COMPLETED BY STATE OFFICIAL FROM ENDORSING STATE

I _____, Board Chair or Designated Office of the
NAME OF OFFICIAL

NAME OF BOARD OR REGULATORY AGENCY

attest that _____
APPLICANT NAME

was granted _____

license/certificate number _____
CLASSIFICATION/TYPE

as a results of having passed ABC Examination Level _____

or _____
OTHER EXAMINATION

on ____/____/____ with a score of _____

and that the license/certificate will remain current through ____/____/____.

BACKGROUND INFORMATION Please ✓

Yes ☐ NO ☐

Is the Applicant in good standing at this time?
If "NO," please explain.

Yes ☐ NO ☐

According to your records, has the Applicant ever been disciplined by your Board, by any state agency, or by any professional organization?
If "Yes", please explain and attach a copy of the Order or other relevant documents.

**B
O
A
R
D

S
E
A
L**

Signature Of Board Chair/Designated Official

Date

Title of Board

Address

City

State

Zip Code

(____) _____ ---- _____

Telephone